

SECTION 6

INPATIENT HOSPITAL CERTIFICATION REVIEWS

Inpatient hospital admissions must be certified as medically necessary and appropriate as inpatient services before Missouri Medicaid reimburses for inpatient services. All hospitals with a Missouri Medicaid provider number beginning with "01" are subject to this admission certification requirement. The review authority is assigned to Health Care Excel (HCE). Inpatient hospital certification reviews are covered in Section 13.31 of the Missouri Medicaid hospital provider manual available at www.dss.mo.gov/dms.

SERVICES EXEMPT FROM ADMISSION CERTIFICATION

The following services do not require admission certification:

Certain Pregnancy-Related Diagnosis Codes

- 630
- 631
- 633 range
- 640-648 range with a fifth digit of 0 or 3
- 651-676 range with a fifth digit of 0 or 3

NOTE: Diagnoses for missed abortion, pregnancy with abortive outcome, and postpartum care continue to require certification.

Admissions for Deliveries

Delivery diagnosis codes are:

- 640-648 range with a fifth digit of 1 or 2
- 650
- 651-676 range with a fifth digit of 1 or 2
- V24.0
- V27.0-V27.9

NOTE: Providers are cautioned to refer to the ICD-9-CM diagnosis coding book because a fifth digit of 1 or 2 is not valid with every diagnosis within the ranges listed above.

Admissions for Newborns

Newborn diagnosis codes are:

- V30.00-V39.1 (If the fourth digit is 0, a fifth digit of 0 or 1 is required)
- 760-779.9

Admissions of Patients Enrolled in MC+ Health Plans

The health plan is responsible for certifying the hospital admission for MC+ enrollees. A transplant candidate may choose the Medicaid approved transplant

facility and may choose a Medicaid approved transplant facility outside of the health plan's network and DMS will prior authorize the transplant. The health plan is responsible for pre-transplant and post-transplant follow-up at both the in-network and the out-of-network transplant facilities.

Admissions Covered By Medicare Part A

Claims for deductible and coinsurance for Medicaid patients with Medicare Part A benefits are exempt from admission certification. However, if Medicare Part A benefits have been exhausted and a claim is submitted for Medicaid only days, admission certification requirements must be met. Admissions for Medicaid patients with Medicare Part B only require certification.

Claims with a principal diagnosis that is one of the exempt codes do not require a certification number in field 63 on the UB-92. HCE does not need to be contacted under these circumstances.

CONTACTING HCE

Providers may contact Health Care Excel at:

Health Care Excel
3230 Emerald Lane, Suite C
P.O. Box 105110
Jefferson City, MO 65110-5110

(800) 766-0686 - for admission certification, continued stay review and other general requests

(573) 634-4262 - Fax for admission and continued stay review

The HCE office is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for established DSS approved holidays. Telephone calls made before or after working hours receive a recorded message about the working hours. Admission and continued stay certification requests submitted by fax are accepted by HCE 24 hours a day, every day.

PROVIDER RESPONSIBILITIES

HCE must be contacted by the physician or the hospital to provide patient/provider identifying information and medical information regarding the patient's condition and planned services as set forth in Missouri state regulation 13 CSR 70-15.020.

CONTINUED STAY REQUESTS

Continued stay certification requests must be made one day prior to the last day approved by HCE. The provider is responsible for contacting HCE to request an extended stay beyond what was previously certified.

HCE LETTER OF APPROVAL

After HCE approves an admission, a letter (sample on page 6.4) is sent to both the hospital and the attending physician. The letter confirms the information that was previously provided either by telephone, fax, or a written request. It is important that the information in this letter is verified for accuracy. It is suggested that a copy of the HCE letter be given to the billing department for comparison with the information on the claim that is submitted to Medicaid. This may prevent denials during claims processing. The important information to check in the HCE approval letter is:

1. Patient's Medicaid number (field 60 on the claim)
2. Admission date (field 17 on the claim)
3. Cease payment date
4. Surgery date, if applicable (field 80 on the claim)
5. Certification number (field 63 on the claim)

If there is any information in the HCE approval letter that is different from the hospital's records, HCE must be contacted so the claims processing file information can be updated. For example, if surgery information was given to HCE but not performed, contact HCE. Without an exact match on the above five fields, a claim cannot pay.

There is one exception. If an admission was certified with no surgery indicated at the time of request, the provider is not required to contact HCE if surgery is performed during the inpatient stay.



P.O. Box 105110
Jefferson City, MO 65110-5110

Date: 10/05/2004

NOTICE: APPROVAL OF ADMISSION

Utilization Review Department
TEST HOSPITAL
ADDRESS LINE 1
ADDRESS LINE 2
CITY, ST 99999

Recipient Name: FIRST NAME LAST NAME
Recipient Number: 999
Admission Date: 10/01/2004
Provider Number: 999

Dear Utilization Review Department:

Health Care Excel is designated by the State of Missouri, Department of Social Services (DSS), as the medical review authority responsible for utilization review of DSS specified categories of hospitalization for Missouri Medicaid recipients. Health Care Excel is responsible for making a determination as to whether the services provided or proposed are medically necessary and delivered in the most appropriate setting.

We have completed review of the above referenced admission and determined that the admission was medically necessary. The initial length of stay approved and certified by Health Care Excel is 10/01/2004 through 10/05/2004 for a total of 4 days. If discharge cannot be accomplished on the certified through date, and additional days are needed, please call us **prior** to the last approved day.

Certification number
UB-92 Locator 63: 4279216

Note: The hospital claim will be denied if the certification number is not present.

Admission certification approves the medical necessity of the admission only. It does not guarantee payment nor does it guarantee that the amount billed will be the amount reimbursed. The recipient must be Medicaid eligible for the dates of service billed.

This decision applies only to this hospital admission. Any future hospital admissions must be reviewed for medical necessity independently. If you have any questions, please call us at 1-800-766-0686. Thank you for your support of the medical review process.

Sincerely,

Medical Director

c: DOCTOR TRANSITION MD